

Application Data Sheet

Application Information

Application number:	TBD
Filing Date:	10/08/ 03
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	TBD
Suggested Group Art:	TBD
CD-ROM or CD-R?:	None
Number of CDs:	
Number of Copies of CD:	
Sequence Submission?:	None
Computer Readable Form (CRF)?:	
Number of Copies of CRF:	
Title:	Gelled Laxative Compositions
Attorney Docket Number:	BRA-014US/113592.135
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure:	
Total Drawing Sheets:	
Small Entity?:	Yes
Petition Included?:	No
Petition Type:	
Licensed US Govt. Agency:	No
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Dale A.
Family Name: Keiser
City of Residence: Wickenburg
State or Province of Residence: AZ
Country of Residence: US
Street of Mailing Address: 35600 S. Antelope Creek Road
City of Mailing Address: Wickenburg
State or Province of Mailing Address: AZ
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 85390

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Richard
Family Name: Harry
City of Residence: Mercer Island
State or Province of Residence: WA
Country of Residence: US
Street of Mailing Address: 7650 80th Place, S.E.
City of Mailing Address: Mercer Island
State or Province of Mailing Address: WA
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 98040

Correspondence Information

Correspondence Customer Number: 23483

Representative Information

Representative Customer Number: 23483

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date :
This application	Claims the benefit of (35 U.S.C. §119(e))	60/417,328	10/09/2002

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee Name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: